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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Thailand

Proposed UNFPA assistance:	$3.2 million from regular resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Seventh
Category per decision 96/15:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	*Total*
Reproductive health	2.9	2.9
Programme coordination & assistance	0.3	0.3
Total	3.2	3.2

THAILAND

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	66.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	66.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	37.0	≤50
Maternal mortality rate (/100,000)[5]	50.0	≤100
Gross female enrolment rate at primary level (%)[6]	81.4	≥75
Adult female literacy rate(%)[7]	91.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*58,242*
Population in year 2000 (000)	*60,495*
Sex ratio (/100 females)	*100.0*
Per cent urban	*20*
Age distribution (%)	
Ages 0-14	*27.9*
Youth (15-24)	*20.7*
Ages 60+	*7.6*
Percentage of women aged 15-49	*57.1*
Median age (years)	*25.7*
Population density (/sq. km.)	*114*
Annual population growth rate (%)	*0.76*
Urban	*2.33*
Rural	*.35*
Crude birth rate (/1000)	*16.7*
Crude death rate (/1000)	*6.6*
Net migration rate (/1000)	*-2.5*
Total fertility rate (/woman)	*1.74*
Life expectancy at birth (years)	
Males	*66.3*
Females	*72.3*
Both sexes	*69.3*
GNP per capita (U.S. dollars, 1994)	*2,210*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support the Government of Thailand in its efforts to implement its reproductive health policies and strategies over the period 1998-2001. UNFPA proposes to provide assistance in the amount of $3.2 million from the Fund's regular resources to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's seventh programme of assistance to Thailand.

2. The proposed programme was developed in full cooperation with the Government of Thailand, through the Department of Technical and Economic Cooperation, and in collaboration with relevant government ministries. The proposed programme is based on the goals of the country's Eighth National Economic and Social Development Plan (1997-2001), which emphasizes people-centered development, and on the Government's recently announced Reproductive Health Policy of Thailand, which underscores that both men and women of all ages must have a good reproductive life and access to reproductive health services. The consultative process leading to the development of the proposed programme included a national brainstorming seminar on the country's future needs in the area of population and reproductive health; a programme support mission, fielded by UNFPA, that focused on population, reproductive health and the gender situation in Thailand; and close collaboration with other member-agencies of the United Nations Development Group (UNDG), under the United Nations Resident Coordinator system. In addition, lessons learned from 26 years of UNFPA assistance to Thailand, as well as the findings of the mid-term evaluation of the Fund's last programme of assistance, have been taken into consideration in developing the proposed programme.

3. The goal of the proposed programme is to assist the Government of Thailand in operationalizing and advocating its new reproductive health policy and in promoting South-South cooperation through sharing its experiences in reproductive health and family planning with neighbouring countries and other regions of the world. Through a reproductive health subprogramme, the proposed country programme would focus on providing selective assistance in the area of reproductive health, in two provinces, to address specific problems and to enhance the achievements attained in the area of family planning and maternal and child health (MCH). The two provinces (one in the north and the other in the south) have been selected on the basis of unmet reproductive health needs and high HIV/AIDS prevalence. The transition to a comprehensive reproductive health approach will include technical assistance for further policy development. Support will also be provided for research and analysis on the interlinkages between gender, sexual behaviour and reproductive health.

4. All activities under the proposed programme of assistance, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme

of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Having met the threshold levels for all the ICPD indicators endorsed by the Executive Board in decision 96/15 governing allocation of UNFPA resources, Thailand is classified as a "C" category country. Its demographic and health situation shows a positive picture compared to other countries in the region. Thailand has completed its demographic transition, having achieved low levels of mortality and below replacement-level fertility. The gross domestic product per capita income reached approximately $2,870 (in 1995), and the drop in the proportion of people living in absolute poverty to 13.2 per cent of the population in 1995 has far outstripped the Seventh Development Plan's target of 20 per cent by the end of 1996. However, since June 1997, the country has been passing through a severe economic crisis.

6. By mid-1996, Thailand's population was approximately 60 million with a life expectancy for men of 68 years and 72 years for women. Health care services reach at least 90 per cent of all communities through an extensive primary health care system, and water and sanitation facilities reach over 80 per cent of the population. Thailand has virtually eradicated severe protein-energy malnutrition among the general population. Infant and under-five mortality rates at 30 per 1,000 live births and 39 per 1,000 live births, respectively, are low. According to government data the maternal mortality ratio (MMR) has declined more than tenfold over the last 20 years from 230 per 100,000 live births in 1970 to 17 per 100,000 in 1996. However, recent UNICEF/WHO estimates based on a new approach suggest a much higher ratio, possibly reaching as high as 200 per 100,000 live births.

7. Although Thailand has achieved remarkable success in health and family planning, several reproductive health challenges remain. Contraceptive prevalence among currently married Thai women aged 15-44 is 74 per cent with contraceptive knowledge being virtually 100 per cent. However, since services have traditionally been directed towards married women, there is an unmet need for family planning and other reproductive health services among single women, men, adolescents and youth. Male methods of contraception are not widely used, with condoms and vasectomies accounting for only 0.5 per cent and 1.9 per cent, respectively, of contraceptive use. The unmet need is reflected in the high incidence of abortion (estimated at 1 for every 3 live births), teenage pregnancies (14.7 per cent of births), and HIV/AIDS among youth (50 per cent of the cases of HIV/AIDS fall in the 15-25 age group). Young people comprise nearly 28 per cent of the population, however their access to information and reproductive health services is very limited. Thus, increasing access to services and improving the quality of care are important challenges that need to be addressed.

8. In Thailand, women have a relatively high social and economic status, both at home and in society. In agriculture, women work in the fields alongside men. A high percentage of women also join the labour market. Nevertheless, women are much more likely than men to have low-paying jobs or to work as unpaid family workers. In many jobs men earn twice as much as women. Within families, however, women traditionally have the authority to manage the household budget and have a say in such issues as the number of children and their education. While high female contraceptive prevalence rates reflect, to some extent, women's direct control over their reproductive goals, recent studies on broader aspects of reproductive health have raised some serious questions about women's rights and autonomy regarding sexuality and reproductive health. In Thai society there are strong gender differences in attitudes towards sexual behaviour. Social norms regarding premarital and extramarital sexual relationships place different restrictions on women's and men's sexual behaviour. As a result, men may visit commercial sex workers and this has led to an alarming increase in HIV infection rates among married women. Clearly, such consequences, together with the widespread occurrence of unwanted pregnancies and unsafe abortions, call for the re-examination of the gender situation and its relation to reproductive health.

9. Population growth in Thailand has fallen from 3.2 per cent in 1960 to 0.8 per cent (1995-2000) and the total fertility rate is currently estimated at 1.72 children per woman. As a result, reducing the population growth rate is no longer an overriding national goal. In the area of family planning, the Eighth National Economic and Social Development Plan (1997-2001) emphasizes meeting the needs of underserved population groups, promoting gender equity in family planning, and involving the private sector. In July 1997, the Government announced a reproductive health policy for the country which underscores that all Thai people, both men and women of all ages, must have a good reproductive life and access to reproductive health services.

10. However, the new policy has not yet been operationalized in the form of the delivery of an integrated and holistic package of reproductive health services. The Ministry of Health has identified the following 10 elements as comprising the basic reproductive health package: provision of family planning services; provision of maternal and child health care services; prevention and treatment of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs); prevention and treatment of HIV/AIDS; prevention and treatment of reproductive tract malignancies; prevention and treatment of infertility; information and services for adolescent reproductive health care; prevention and treatment of abortion complications; promotion and provision of sex education; and services for post-reproductive age and old-age population groups.

Previous UNFPA assistance

11. During the last 26 years, UNFPA's assistance to Thailand has continually responded to the changing picture of the country's population and development needs. Six country programmes totalling $35 million have channeled assistance to family planning/maternal and child health programmes; information, education and communication (IEC); data collection and analysis; population policy formulation; women, population and development programmes; technical cooperation among developing countries (TCDC), focusing on emerging issues such as HIV/AIDS, male involvement in family planning, and ageing. UNFPA's cooperation has assisted Thailand in developing one of the world's most successful voluntary family planning programmes and in building strong institutional capacity not only in the area of MCH and family planning delivery, but also in the area of policy-making, data collection and population research.

12. UNFPA has also had a positive experience in assisting Thailand in promoting South-South cooperation in the area of reproductive health. Thailand is one of four countries (the others are Indonesia, Mexico and Tunisia) receiving UNFPA support as Centres of Excellence to share their expertise and experiences with other developing countries in the areas of population and reproductive health, including through the provision of technical services, training courses, workshops and study tours. Under this South-South framework, participants from countries in Asia and Africa have received training ,with UNFPA supporting international travel costs and the Thai Government supporting local costs.

13. During UNFPA's sixth cycle of assistance to Thailand (1992-1996, extended to 1997), of the total amount of $6 million, 60 per cent of the resources were allocated to reproductive health and family planning, including HIV/AIDS prevention and counselling, and promotion of male involvement; 30 per cent of resources were allocated to population and development activities; and 10 per cent to advocacy efforts.

14. Despite success in achieving a high contraceptive prevalence rate and a low total fertility rate, other reproductive health goals remain elusive due to deeply ingrained differences in gender roles and because of certain socio-cultural norms. For example, condom use remains low and gender differences on attitudes towards sexuality and sex behaviour are an obstacle to reproductive health promotion. Beyond health interventions, these issues require research and advocacy. At the same time, there is a need to address the underlying social, cultural and economic issues, if progress is to be made in the area of reproductive health.

15. Thailand's new reproductive health policy is in line with the principles of the ICPD Programme of Action, and UNFPA can play a catalytic role in assisting the Government in

implementing it by providing: technical assistance in the reorientation of services; support for the advocacy of these qualitative changes, particularly among policy makers; and assistance in operationalizing a holistic, integrated approach for delivering the 10-element package of reproductive health services in two provinces, which could then serve as models for expansion nationwide.

Other external assistance

16. In addition to UNFPA, several international donors have supported Thailand's population and related activities over the years. UNICEF, WHO and UNDP have supported the promotion and protection of the health and well-being of women and children. Under UNAIDS, at present and in the coming years, the main reproductive health-related programme focus of UNICEF, WHO, UNDP, the World Bank and UNESCO will be on combating HIV/AIDS. Up to the Sixth National Economic and Social Development Plan (1987-1991), the United States Agency for International Development (USAID) was the largest source of external assistance, but its support declined during the Sixth Plan. Assistance from the Government of Japan has remained steady while that of other donors has been declining. From 1991 to 1996, the Japanese Government provided assistance to improve the health status of north-eastern Thai communities through promotion and strengthening of MCH/FP activities. The Australian Agency for International Development (AusAID) has provided assistance to Thailand in the population field through UNFPA, under a multi-bilateral arrangement. AusAID has also provided support for HIV/AIDS prevention, and to a community-based health education programme. The Canadian International Development Agency (CIDA) has provided assistance for population-related activities during the past several years, and continues its assistance for HIV/AIDS prevention. The European Commission has also contributed to HIV/AIDS prevention and care.

17. A number of international NGOs have also assisted Thailand's population programme over the years. These include the AVSC International, Family Health International (FHI), Family Planning International Assistance (FPIA), the International Development Research Centre (IDRC), the International Planned Parenthood Federation (IPPF), the Japanese Organization for International Cooperation in Family Planning (JOICFP), The Population Council, the Programme for Appropriate Technology in Health (PATH), The Rockefeller Foundation, and CARE International.

Proposed programme

18. Under the proposed programme of assistance (1998-2001), UNFPA will assist the Government of Thailand in operationalizing and advocating its new reproductive health policy, and in promoting South-South cooperation with neighboring countries and other regions of the world. Since Thailand is a "C" category country under UNFPA's approach for resource allocation, the proposed programme will provide focused assistance, through a reproductive health subprogramme,

to address specific reproductive health and family planning problems. Support will also be provided for research and analysis on the interlinkages between gender, sexual behaviour and reproductive health.

19. The expected outputs of the programme are strengthened service delivery and reproductive health care in the two selected provinces; expanded coverage of underserved population groups; and improved quality of services. In the area of South-South cooperation, the output will be strengthened institutions and an increased number of trained personnel in the region; as well as the enhanced capacity of selected Thai institutions to provide training and technical assistance in reproductive health and family planning. The reproductive health subprogramme will consist of three component projects described below. The resource allocation will be as follows: $1.75 million for reproductive health service delivery; $0.75 million for South-South cooperation; $0.4 million for research on gender issues; and $0.3 million for programme coordination assistance.

20. Reproductive health service delivery operationalization and policy advice. UNFPA will provide assistance to the Government in implementing its recently announced reproductive health policy by providing technical assistance in the reorientation of its services to address the needs of underserved population groups and to deliver the full range of reproductive health services in an integrated and client-friendly manner. Support will be provided for the operationalization of the new approach in two underserved provinces (one in the north with high HIV/AIDS prevalence and one in the south with low contraceptive prevalence and a high population growth rate). At the policy level, this experience will also serve as a test case and model for later expansion of more user-friendly and integrated services nationwide. Partnerships between academic institutions, NGOs, communities and the Government will be encouraged in all phases of the programme.

21. The approach in the two provinces will seek to empower women and to ensure that their reproductive health needs are addressed; concomitantly, male participation and responsibility in family planning and safe sexual behavior will be encouraged and promoted. A situation analysis including socio-cultural research on the reproductive health needs of the community, including the needs of adolescents and other underserved groups, will be carried out first. The results of this study will be used for reorienting and strengthening services to deliver an integrated and holistic package of 10 reproductive health components. Improving quality of care, in accordance with client needs and user perspectives, will form the basis for designing integrated reproductive health services at the level of the hospital, health centre and the community. Respect for clients, recognition of all aspects of reproductive care, and making services acceptable and convenient to the clients will be emphasized.

22. Since health services are not integrated, especially at the provincial and district levels, clients have to make more than one visit to see different service providers for a particular reproductive

health problem. At the subdistrict level where available services are usually provided by a single service provider, the auxiliary nurse midwife, limited technical knowledge and skills are major constraints as regards quality of care. Thus, under the proposed programme, training will focus on improving the technical competence and counselling skills of service providers and on ensuring proper referral to higher levels. At the district and provincial level, where different service providers/specialists deliver care related to various aspects of reproductive health and family planning, training will focus on technical aspects of the integrated 10-element reproductive health package, as well as on reorientation to a more holistic approach.

23. Research on gender, sexuality and reproductive health. In order to assist Thailand in the development of gender-sensitive policies and programmes, a better understanding is required of the cultural, social and economic factors that underlie gender differences and impact reproductive health. Research will be undertaken to examine gender roles and attitudes regarding sexual socialization, high-risk behaviour and the prevalence of the commercial sex industry. Support will be provided for socio-cultural research on gender and reproductive health to be undertaken by academic institutions. The gender-related research and analysis will be undertaken in collaboration with other development partners, including NGOs.

24. South- South cooperation. This programme component will focus on providing assistance aimed at sharing Thailand's rich experience in reproductive health and family planning with other developing countries, particularly with neighbouring countries. A series of inter-country training workshops will be organized in which the Government and Thai NGOs will share experiences and expertise on reproductive health and family planning with participants from other developing countries. The training workshops will focus, *inter alia*, on Thailand's experience in community and NGO involvement in reproductive health and family planning; innovative IEC approaches; and HIV/AIDS prevention and surveillance.

Programme implementation, coordination, monitoring and evaluation

25. The proposed programme of assistance will be executed by government organizations, national academic institutions and NGOs. Programme coordination at the provincial level will be the responsibility of the Provincial Governor with the assistance of relevant provincial technical departments, academic institutions and NGOs. At the central level, the Department of Technical and Economic Cooperation of the Prime Minister's Office will be responsible for the coordination and supervision of the programme of assistance. The programme will be implemented in close collaboration with member agencies of the United Nations Development Group, particularly with those that address reproductive health issues, such as UNAIDS.

26. A combination of quantitative and qualitative indicators will be used to monitor the implementation and impact of the programme in the two selected provinces. For monitoring the operationalization of integrated reproductive health services, process indicators will include service statistics and coverage of various reproductive health service components, including contraceptive prevalence rate and contraceptive method mix . Impact indicators will include maternal mortality ratio, incidence of RTIs/STDs, incidence of abortion and the number of teenage deliveries. The UNFPA Country Support Team based in Bangkok will provide technical advisory services for the proposed programme. Implementation will be monitored through regular field visits by UNFPA staff and project officials and through annual reviews. In addition to the UNFPA Representative, the country office staff includes one national programme officer, one accountant and one secretary. A mid-term review of the programme will be held early in the year 2000, followed by an end-of-programme evaluation in late 2001.

Recommendation

27. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to Thailand, as presented, in the amount of $3.2 million from UNFPA's regular resources over the period 1998-2001, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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